

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000102223	
1. Entity Name COURTNEY WOODS DEVELOPMENT, INC.	
Principal Place of Business 100 COLONIAL CENTER PKWY., SUITE 470 LAKE MARY, FL 32746	Mailing Address 100 COLONIAL CENTER PKWY., SUITE 470 LAKE MARY, FL 32746



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0811482	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801-5403	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHAFER, JOHN 100 COLONIAL CTR PKWY STE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGIER, GENALD D 100 COLONIAL CTR PKWY STE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OGIER, MARK C 100 COLONIAL CTR PKWY STE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OIGIER, STEVEN D 100 COLONIAL CTR PKWY STE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000830051
02/26/08-80068-007 143.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Schaffer* **John Schaffer** *2/8/08* **407-333-0060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #